U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	For Official Use Only REC'D
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 4-54	2. Fiscal Year Covered From:		
*	01/01/2004 Through: 12/31/2004		
Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name mu K Green	Name Communication Workors / Cur		
	Labor Organization File Number 000/88		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 1178 Horvington PINE \$301	Street 2122 3rd Ave		
City Renton	City Sept1e		
State (11) ZIP Code + 4 96056	State WA ZIP Code +4 98121		
5. Position in labor organization. MRPA VILLE - President			
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):			
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name QUEST Communications	CUR / Quest Public Polocy Meering		
Trade Name, if any:	Apr 1+2 in D.cAin/Hotel/Food		
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	JUL 15+16 IN DONUR -A/H/F - 8775.00		
P.O. Box, Bldg., Room No., if any	JUL 15+16 IN DONUR -A./H/F - 5775.00		
P.O. Box, Bidg., Room No., if any	7.b. Amount.		
P.O. Box, Bidg., Room No., if any Street City Senttle			
P.O. Box, Bidg., Room No., if any Street City Senttle State WB ZIP Code + 4 98 191	7.b. Amount.		
P.O. Box, Bldg., Room No., if any Street City Senttle State WB ZIP Code + 4 98 191	ature Perjury and other applicable penalties of the law, that all of the information ing documents), has been examined by the signatory and is, to the best of the		
P.O. Box, Bldg., Room No., if any Street City Senttle State WB ZIP Code + 4 90 191 Sign 15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany)	ature Perjury and other applicable penalties of the law, that all of the information ing documents), has been examined by the signatory and is, to the best of the ction on penalties in the instructions.)		
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 92 91 Sign 15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the se	7.b. Amount. #//5-75. 00 ature Perjury and other applicable penalties of the law, that all of the information ing documents) has been examined by the signatory and is, to the best of the		

Name of Person Filling Phul K Vee	File Number U- 000 188			
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is activally activated and the consists of buying from or selling or leasing directly or included with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise			
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name				
Trade Name, if any:	a. Labor Organization b. Trust			
P.O. Box, Bldg., Room No., if any	c. Employer			
Street				
City				
State ZIP Code + 4	·			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City	11.b. Approximate dollar value of such dealing.12.a. Nature of interest held or income received.			
State ZIP Code + 4	Taxas reduces their of income received.			
	12.b. Amount.			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			